

QC  
#1401#  
02

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	CAB	412	8-7
FEE DETERMINATION	smc		3/5/98
O.I.P.E. CLASSIFIER	sm	64354	3/10/98
FORMALITY REVIEW	gjd	10443	5/5/98

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
32	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
33	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
34	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
35	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
36	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
37	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
38	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
39	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
40	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
41	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
42	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
43	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
44	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
45	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
46	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										

Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
110										
112										
113										
114										
115										
116										
117										
118										
119										
120										
121										
122										
123										
124										
125										
126										
127										
128										
129										
130										
131										
132										
133										
134										
135										
136										
137										
138										
139										
140										
141										
142										
143										
144										
145										
146										
147										
148										
149										
150										

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)